

**STATE OF GEORGIA
DEPARTMENT OF DRIVER SERVICES
REGULATORY COMPLIANCE DIVISION
2206 EAST VIEW PARKWAY – P.O. BOX 80447
CONYERS, GA 30013**

Date Issued

Date Expires

APPLICATION FOR RISK REDUCTION INSTRUCTOR CERTIFICATION

1. Name: _____
(last, first, middle)

2. Resident Address: _____
(street, city, county, zip)

Mailing Address (if different): _____

3. Telephone Number: _____
Home Business

4. Date of Birth: _____ 5. Social Security #: _____

5. Occupation: _____
Employed By Position From/To (dates)

6. Name of Spouse: _____

7. Spouse's Occupation: _____
Employed By Position From/To (dates)

8. Are you presently the owner or director of a Risk Reduction Program? ☐ Yes ☐ No

IF YES, NAME/LOCATION OF PROGRAM: _____

9. Have you made plans to be an instructor for any particular Program? ☐ Yes ☐ No

IF YES, WHICH PROGRAM? _____ LOCATION: _____

10. Are you a legal resident of the U.S.? ☐ Yes ☐ No
(If not a resident, attach proof of legal residency)

11. Do you have a current Georgia Driver's License? ☐ Yes ☐ No

IF YES, INDICATE NUMBER OF YEARS LICENSED IN GEORGIA _____

Georgia Driver's License Number: _____

12. Have you ever been licensed in another state? ☐ Yes ☐ No

IF YES, WHAT STATE? _____ *HOW LONG?* _____

13. Have you had a driver's license revoked, suspended, cancelled or denied in Georgia, or in any other State in the last 3 years? ☐ Yes ☐ No

IF YES, WHEN? _____ *WHERE?* _____

14. Have you ever been arrested for any reason? ☐ Yes ☐ No

IF YES, PLEASE COMPLETE THE FOLLOWING:

Arrest Location(s)	Month/Year	Charge(s)	Disposition of Charge
1.			
2.			
3.			

15. Are there any proceedings currently pending against you relative to any crimes, misdemeanors or violations? ☐ Yes ☐ No

IF YES, PLEASE PROVIDE DETAILS: _____

16. Do you currently abuse alcohol or drugs or use any illegal drugs? ☐ Yes ☐ No

Have you ever been addicted to alcohol or drugs? ☐ Yes ☐ No

IF YES, ARE YOU NOW TOTALLY ABSTINENT? ☐ Yes ☐ No

How long have you been in recovery? _____

17. Have you been certified by Prevention Research Institute (PRI) to teach any of their alcohol/drug curricula? ☐ Yes ☐ No

IF YES _____
Name of Curriculum Date

18. Have you ever been certified as an Owner or Director of a Risk Reduction Program certified by DDS? ☐ Yes ☐ No

IF YES, NAME OF PROGRAM _____

DATES _____

19. Have you previously filed an application to be an Owner, Director or Instructor in the Risk Reduction Program? ☐ Yes ☐ No

IF YES, PLEASE INDICATE APPLICATION DATE AND NAME (IF DIFFERENT): _____

Application was: ☐ Approved ☐ Denied ☐ Withdrawn

Please provide details regarding previous application: _____

20. Please describe experience you have had in professional teaching of adolescents or adults, alcohol or drug prevention or intervention or alcohol or drug counseling. Indicate length of service in description (*you may attach additional sheets if more space is needed*). _____

21. EDUCATION *(you must provide transcript)*

Name of School/College	City/State	Field of Study/Major	Dates Attended (To-From)	Diploma/Degree

Please indicate any specialized licenses or credentials you may have. [i.e., CAC certification].
(Please attach copies of all credentials)

22. Why are you interested in becoming a certified Instructor for the DUI, Alcohol or Drug Use Risk Reduction Program?

APPLICANT'S STATEMENT

This is to certify that I am applying for certification to be an Instructor for a certified DUI, Alcohol or Drug Use Risk Reduction Program and that all information contained on this application and the attached documents is true and correct. I have read the Rules and Regulations for the DUI, Alcohol or Drug Use Risk Reduction Program and understand that I am responsible for complying with all Program requirements. I authorize the investigation of all statements contained in this application as may be necessary for a decision regarding my certification eligibility.

I FURTHER UNDERSTAND AND AGREE TO COMPLY WITH THE FOLLOWING RULES:

1. No employee of the Georgia Department of Driver Services, nor any employee's spouse, dependent child, dependent stepchild or dependent adopted child shall be an Owner, Director, or Instructor in any DDS certified Risk Reduction Program.
2. No judge, probation officer, law enforcement officer, employee of a court or his or her spouse, dependent child or dependent stepchild shall be an Owner, Director, or Instructor in any DDS certified Risk Reduction Program.
3. No person shall own, direct or instruct in any DDS certified Risk Reduction Program for whom owning, directing, or instructing in a Program would pose an actual, potential, or apparent conflict of interest due to the existence of a fiduciary relationship with any student or offender or due to the existence of any other relationship that would place the Owner, Director, or Instructor in a position to exert undue influence, exploit, take undue advantage of, or breach the confidentiality of any student or offender.
4. I will maintain the confidentiality of all Program records including, but not limited to assessment results and other Program components. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.
5. I will refrain from abusing alcohol or other drugs, or from using illegal drugs.
6. I hereby authorize the release to DDS of any information necessary for the determination of my application for Instructor certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE DENIAL OF YOUR APPLICATION OR THE CANCELLATION OF YOUR CERTIFICATION.

Signature of Applicant

Date

Sworn to before me this _____ day of _____, _____.

Notary

(Seal Required)

Georgia Department of Driver Services
2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			
CONSENT FOR BACKGROUND INVESTIGATION			
Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code
Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for a Certificate (to operate a Commercial Truck Driving School and/or Driver Improvement School and/or Risk Reduction Program and/or to become an Instructor) to be issued by the Department of Driver Services (DDS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature	Date
THIS CONSENT FORM MUST BE NOTARIZED	
Subscribed to and sworn before me:	SEAL OR STAMP
Notary Signature	Date
My commission expires:	

AFFIDAVIT

STATE OF GEORGIA

County of _____

I do hereby solemnly swear (or affirm), that the attached fingerprints are those of the applicant named herein:

Signature of Fingerprint Official

Agency of Fingerprinting Official

Date of Fingerprinting

NOTE: BEFORE SENDING IN THE FINGERPRINT CARDS, BE SURE TO FILL IN THE FOLLOWING INFORMATION ON THE ACTUAL CARD: residence, place of birth, nationality, date of birth, height, weight, race, color of hair, color of eyes, citizenship, social security number, etc. The fingerprint card will not be accepted without the foregoing information.

Instructions for Risk Reduction Instructor Certification Application

1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
2. Attach one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filing this application.
3. Complete Fingerprint Cards:
 - a) One set (2 cards) of fingerprints of each digit of the right and left hands.
 - b) An affidavit from a state, county, or city officer, qualified to make such fingerprints, that the fingerprints are those of the applicant.
 - c) A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation G.B.I. to cover the fingerprint processing fee.
 - d) Complete the following information on each fingerprint card: Residence, place of birth, nationality, age, date of birth, height, weight, race, color of hair, color of eyes citizenship, social security number, etc. Fingerprint cards without the foregoing information will not be accepted.
4. An official transcript of diploma from an accredited college, junior college, high school, or GED equivalent must accompany the application.
5. Verifiable documentation of your work experience.
6. Include a Motor Vehicle Report (MVR) covering your driving history for the past five (5) years. Applicants who have been licensed in two or more states or countries in the past five (5) years must obtain an MVR from those states or countries. **Applications with only three (3) year MVR's will not be accepted.**
7. Complete the Consent for Background Investigation Form and have it notarized.

You will be notified when your application is processed and you are eligible to attend New Instructor Training. New Instructor Training is conducted twice a year, usually in July and again in January. The total cost for the training is \$700.00 per person and includes an Instructor Manual and other materials required for program delivery.

Return the application and required attachments to:

Department of Driver Services
Regulatory Compliance Division
2206 East View Parkway - P.O. Box 80447
Conyers, Georgia 30013